Appropriations Committee Public Hearing
HB 5037 AAC the State Budget for the Biennium Ending June 30th, 2023
Testimony Regarding: Department of Mental Health and Addiction Services Budget

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Good afternoon Senator Osten, Representative Walker, and distinguished members of the Appropriations Committee.

My name is Jordan Fairchild and I am a resident of New Fairfield, Connecticut and the Coordinator and Community Organizer for Keep The Promise Coalition– a grassroots, statewide coalition of advocates with lived experience of mental health, addiction, and co-occurring conditions. I am here to testify regarding the proposed budget adjustments for DMHAS.

I'm encouraged by many of the investments that this budget makes in mental health. Funding **discharges from state psychiatric hospitals** and expanding **wrap around services for supportive housing** will mean that more people can seek care within their community. We know both anecdotally and from substantial research that mental health care is most successfully administered in an integrated community setting. Furthermore, **Expanding mobile crisis teams** to operate 24/7 will ensure a more humane and appropriate approach to mental health crises. Crises can happen at any time of day and our crisis teams should be available to respond at any time. I'm also glad to see funding to **introduce mental health peer supports in hospitals,** where many people receive crisis care. Peer supports for substance use in hospitals have been successful, and peer supports for mental health will build upon this success. Funding for **forensic respite beds, diversity training, implementing electronic health records, and telehealth equipment** are also welcome additions to the budget.

However, **much of the funding to support these proposals is temporary.** Now more than ever, lawmakers, advocates, and the general public recognize that we are experiencing a public mental health emergency. We are right to acknowledge the severity of our mental health crisis, but this problem cannot be addressed without allocating lasting funds to support a comprehensive mental health system in the long-term. The warning signs of this crisis appeared long before it began, and without a **continued commitment to funding mental health,** we're liable to repeat it.

Private nonprofits deliver the bulk of the home- and community-based services delivered in our state. Yet, this budget does not address the **severe underfunding of these community nonprofits.** Community solutions to mental health are more humane and cost effective, yet our nonprofit system is stretched thin from years of underfunding and inflation. To address our current mental health crisis, we need well-funded community nonprofits.

The proposed budget also prioritizes inpatient hospitalization as a response to mental health crisis. In my view, our current mental health emergency would be best addressed by focusing our efforts into approaches with a preventative effect, rather than approaches that merely react to crises. Our current approach to mental health is to wait for the system to fail people (and disproportionately fail people of color and people with disabilities), and then rely on our psychiatric hospital system, prisons and jails, homeless shelters, inpatient psych beds, and emergency rooms to absorb the shock of this crisis. To solve the problem and save lives, we can't continue down this path. I've personally watched many of my friends enter crisis and be deterred from involving the hospital system due to high costs and the disruptive nature of inpatient hospitalization. Last spring, one of my closest friends experienced a mental health

crisis. Unlike many people in his position, he checked himself into a hospital. He did the "right" thing. Yet, almost a year later, he's seen little to no meaningful difference in his recovery, and has experienced further crisis episodes. I feel that he would be in a much different place today if he had the option to stay at a *peer run respite*, rather than a hospital.

Peer run respite is a model of preventative crisis care, which can reach people before hospitalization is necessary, and has demonstrated success in at least 14 other states at preventing hospitalization later on. Peer run respites provide person-centered and community-based care, as opposed to inpatient hospitalization which removes people from their communities, and does not seek to prevent further crises. The day-to-day costs of administering a bed at a peer run respite are significantly less than those of other options such as inpatient and emergency hospitalization, and because they prevent avoidable hospitalization, the significant human and fiscal costs of letting crises escalate can be avoided later on. I've attached a one-page fact sheet regarding peer run respite to my written testimony.

To address our mental health emergency, we need to make a commitment to investing more in mental health, and sustaining that investment well into the future. We need care which is person-centered and based in the community, and a system that prevents mental health challenges from escalating into crises. If we do this, we can save lives and avoid replicating this crisis later on.

Thank you for hearing my testimony and for your work to address the current mental health crisis.

You can find a one-page fact sheet describing peer run respite below. Please feel free to contact me for more information at jfairchild_ktp@cahs.org.

What is a Peer Run Respite?

A peer run respite is a voluntary, short-term program that provides 24-hour community-based, non-clinical crisis support. It is operated in a home-like environment by peer support specialists, who have lived expertise with mental health conditions. Peer Support is recognized by the U.S. Center for Medicaid & Medicare Services (CMS) as an evidenced-based model of care.

What is the Purpose of Peer Run Respite?

The premise behind peer run respites is that psychiatric crisis services can be avoided if less coercive or intrusive supports are available in the community.

Peer Run Respites are Person-Centered:

People are given the freedom to decide the length of their stay and recovery activities, with the help of peer support specialists on staff. Peer run respites help turn crisis into opportunity.

- Support is offered consensually, without coercion or force, creating a more respectful and warmer environment.
- Peer run respites empower guests by offering trainings such as Alternatives to Suicide or Wellness Recovery Action Planning (WRAP).
- Peer run respite guests report high satisfaction after their stay. (1, 2)

In comparison, forced treatment has poorer results and drives some people away from the mental health system. (3-5)

Peer Run Respites Support Recovery:

Guests of Afiya, a peer run respite in Massachusetts, were asked to complete a follow up survey approximately 6 months after their stay.

- 92% of guests reported improvements to their *emotional health*,
- 75% reported *fewer hospitalizations*,
- 62% reported *better coping skills*. (2)

Peer Run Respites are Proactive:

Time at a peer run respite significantly reduces the likelihood of further crises, better helping people on their path to recovery.

- One study found that respite guests were 70% less likely than people who used inpatient services to re-enter the psychiatric crisis system following their peer run respite stay. (6)
- Respite days were associated with significantly fewer future inpatient and emergency hours. (6)

Exit surveys from Afiya also asked where someone would have gone if not the peer run respite.

- 26% said they would have gone to the hospital,
- 23% said they would have stayed home (and not received <u>any</u> services),
- 23% offered other responses that ranged from "I don't know" to "get in trouble." (2)

Peer Run Respites are Cost Effective:

Peer run respite care significantly reduces the likelihood of further crises, so the significant costs of less effective hospitalization, incarceration, and non-peer run respite models can be avoided.

- The average inpatient psychiatric stay in the US costs **$7,100** and lasts 6.4 days. (7) In comparison, the same length stay at Afiya is **$2,594**, **about 1/3 of the cost of hospitalization.** (8)

Peer run respites would transform Connecticut's mental health crisis services and relieve the current pressure on emergency departments, outpatient, and inpatient psychiatric care which have been inundated by the COVID-19 pandemic.

Advocacy and Action for Connecticut's Mental Health

Citations

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